

DEPARTMENT OF DISABILITIES. AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street, Ladd Hall Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317 To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

May 29, 2012

Ms. Leslie Slingerland, Administrator Copley House Community Care Home 379 Washington Highway Morrisville, VT 05661

Dear Ms. Slingerland:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on May 9, 2012. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN, MS

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Licensing Chief



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STATEMENT OF DE ICIENCIE! (X1) PROVIDE IDENTIFE		ER/SUPPLIER/CLIA ICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY		
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NAME OF PROVIDER OR SUPFLIER				•		ESS, CITY, STATE, ZIP CODE		}
COPLEY	HOUS E COMM JNIT	WE 379 WASHINGTON HIGHWAY MORRISVILLE, VY 05661						
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC REGULATOR 'OR	ATEMENT OF I Y MUST BE PR LSC IDENTIFY!	ECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X3) COMPLETE DATE
	Initial Comments:  An unannounced of conducted by the It Protection from 5/6 information gather cited.  V. RESIDENT CAL  5.11 Sitaff Services  5.11.0 The license person who has he or exploitation subtant designed in (3 V one who has been actions related to I funds or property, public welfare, in a or outside of the Shall apply to the regardless of whet licensee or not. The reasonable steps including, but not I checking personal contacting the Division of the	Division of La 8/12 through 8/12 through 8/12 through 9/14 through RE AND HO s ee shall not ad a charge stantiated a S.A. Chapto convicted of bodily injury, or other crit any jurisdicti tate of Vern manager of the the man ne licensee of to comply w imited to, ot I and work re	have on sof abuse, gainst himes inimic on whether home talining are ferences	taff a neglect or her, dies to the er within provision as well, e all juirement, and and	R100	I met with the Resources Director Connections Cour god agency) on 5/21/12 the following prochave been a dopped have been a dopped House employees have voic, APS a background check performed at the and the results a Kept on file at House.	edur s ledis ley will cr shine copy	6/1/12
	Protection in acco see if prospective registry or have a	rdance with employees	33 V.S.A. are on the	§6911 to		- Any prospective	leep / true	6/1/12 E On.
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DIVISION OF L	icensing and Protection		TITLE					(X6) DATE
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Manager Manager

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Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) QAIFE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIF CATION NUMBER: COMPLETED A. BUILDING B. WING 0139 U5/09/2012 NAME OF PROVIDER OR SUPFLIER STREET ADDRESS, CITY, STATE, ZIP CODE 379 WASHINGTON HIGHWAY COPLEY HOUSE COMM JNITY CARE HOME MORRISVILLE, VT 05661 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY NIUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETE TAG REBULATOR' OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) R181 Continued From page 1 R181 VCIC, APS and DCF Annually employee whose Vermont Critininal Information background checks will be completed annually on all Copley House. Center (VCIC) background check revealed criminal convictions. Findings include: 1. During record reviews on 5/8/12, the home was unable to provide evidence of having contacted the Division of Licerising and Protection and the Department for Children and employees Families to see if 2 of 5 employees in the pre-employment background check sample were - A letter of request 6/1/12 for variance will be submitted for the on the abuse registry. During an interview on 5/8/12 at 1:00 PM, the Administrator confirmed that no Adult and Child abuse registry checks were available for 2 of 5 employees in the background check sample. 2. During record reviews on \$/8/12, the VCIC current employee with evidence of past background check revealed criminal convictions for 1 cf 5 staff in the background check sample. The home was unable to provide evidence of having contacted the Division of Licensing and Criminal Conviction 5/24/12
POCaccepted 5/24/12
Pocacepted 5/24/12
Por R 181 and R190 Protection to obtain a required waiver for employment o' the individual. During an interview on 5/8/12 at 1:00 PM, the Administrator confirmed that no waiver had been obtained for employment of the individual with evidence of criminal convictions. R190 V. RESIDENT CARE AND HOME SERVICES R190 SS=E 5.12.b<sub>1</sub>(4) The results of the criminal record and adult abuse registry checki; for all staff. This FEQUIREMENT is not met as evidenced Basec on record review and interviews, the home failed to maintain on file results of adult registry

Division of Licensing and Protection STATE FORM

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Division of Licerising and Protection STATEMENT OF DEF CIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED A BUILDING B. WING 0139 05/09/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 379 WASHINGTON HIGHWAY COPLEY HOUSE COMMUNITY CARE HOME MORRISVILLE, VT 05661 SUMMAR ( STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFIC ENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX RECIULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) R190 Continued From page 2 R190 checks for all staff. Findings include: During record reviews on 5/8/12, 2 of 5 employees in the background check sample had no evidence or file showing results of a pre-employment adult abuse registry check. During an interview on 5/8/12 at 1:00 PM, the Administrator confirmed that the home could not provide a copy of adult abuse legistry checks for 2 of 5 staff in the background check sample.

Division of Licensing and Protection

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